



## STATE EMPLOYEE HEALTH PLAN (SEHP) Health Plan Communication Form

Appendix G

This form may be used to communicate concerns, suggestions or requests concerning the SEHP. Please send the completed form to:

State Employee Health Plan  
Membership Services  
900 SW Jackson, Room 900  
Topeka, KS 66612-1220

<b>Member Information</b>			
<b>Name</b>	<b>Employee ID</b>	<b>Social Security Number</b>	
<b>Address</b> (City, State and Zip Code)	<b>Are your benefits paid before or after tax?</b> Pretax <input type="checkbox"/> After Tax <input type="checkbox"/>	<b>Work Telephone</b> (Include Area Code)	<b>Work Email</b>
<b>Agency Name</b>	<b>Agency Number</b>	<b>Health Plan Provider</b>	
<b>Member's Signature</b>			<b>Date this form was signed</b>

Please write your concern below:


<b>Agency / Human Resource Officer's Name</b>	<b>Agency / Human Resource Officer's Phone Number</b>
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